

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000143

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 3

STATE FILE NUMBER

FILED JAN 22 1963

VS 300
Rev. 4/59

1 0061

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12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lamar, Mo

Length of stay in 1b

1 1/2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Walt Boarding Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cedar

c. CITY

OR TOWN

Jesse Spr.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
FINIS- EWING- CHURCH

4. DATE OF DEATH

Month Day Year
1-13-1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

5-31-1876

84

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Stockton, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

R. G. Church

13b. MOTHER'S MAIDEN NAME

Margaret Cawthon

14. NAME OF HUSBAND OR WIFE

Addie Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edna Brooks, Jesse Spr.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion
old age

INTERVAL BETWEEN ONSET AND DEATH

Within
death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

concomitant
Metastatic prostatic

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from since 2 years

and last saw him alive on 1-13-63

Death occurred at 6 p.m. 6: P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. R. Greener M.D.

22b. ADDRESS

LAMAR

22c. DATE SIGNED

1-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-16-63

23c. NAME OF CEMETERY OR CREMATORY

J. O. F. Cem.

23d. LOCATION (City, town, or county)

Golden City, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. O. Long, Jesse Spr.

25. DATE RECD. BY LOCAL REG.

1-17-1963

26. REGISTRAR'S SIGNATURE

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit not obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Long

Licensed Embalmer No.

3714

P. O. Address

Jerico Springs, Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.